

RECEIVED

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

RECEIVED
FAIR STATEMENT OF ECONOMIC INTERESTS
PRACTICES COMMISSION

Date Received

FEB 28 2012

Official Use Only



2012 FEB 28 PM 3:24 COVER PAGE

BY: [Signature]

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Knight Stephen Thomas

1. Office, Agency, or Court

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

36th District

Your Position

Assemblyman

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 12

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is
I certify under penalty of perjury under the laws of the State of California that

Date Signed 2-28-12
(month, day, year)

Signature

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name Steve Knight

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11

ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold _____

Yrs. remaining ☐ _____

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE	TERM (Months/Years)
_____ % <input type="checkbox"/> None	_____

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE	TERM (Months/Years)
_____ % <input type="checkbox"/> None	_____

HIGHEST BALANCE DURING REPORTING PERIOD

<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> Guarantor, if applicable	

FPPC Form 700 (2011/2012) Sch. B
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Steve Knight</u>

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Lilian Knight

ADDRESS (Business Address Acceptable)

1600 West Avenue J, Lancaster, CA 93534

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health Care

YOUR BUSINESS POSITION

Registered Nurse

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Steve Knight

► NAME OF SOURCE

California Cable & Telecommunications Association

ADDRESS (Business Address Acceptable)

1001 K Street, 2nd Floor, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Telecommunications

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 11 / 11</u>	<u>\$ 10.47</u>	<u>Back to Session Bash</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

California Tribal Business Alliance

ADDRESS (Business Address Acceptable)

1530 J Street, Suite 400, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Tribal Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 11 / 11</u>	<u>\$ 37.53</u>	<u>Back to Session Bash</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Business Owners and Managers Association of Calif.

ADDRESS (Business Address Acceptable)

1121 L Street, Suite 809, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Business Management

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 11 / 11</u>	<u>\$ 7.82</u>	<u>Back to Session Bash</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Southern California Edison

ADDRESS (Business Address Acceptable)

PO Box 6400 Rancho Cucamonga, CA 91729

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Electric Utilities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 1 / 11</u>	<u>\$ 98.00</u>	<u>Entertainment ticket</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Council for Legislative Excellence

ADDRESS (Business Address Acceptable)

2150 River Plaza Drive Ste. 150, Sacramento CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Government and Public Administration

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 8 / 11</u>	<u>\$ 75.45</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Golden State Bail Agents Association

ADDRESS (Business Address Acceptable)

200 E. Yosemite Ave. Madera, CA 93638

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Bail Agent Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 22 / 11</u>	<u>\$ 48.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Steve Knight

► NAME OF SOURCE

California Rice Commission

ADDRESS (Business Address Acceptable)

8801 Folsom Blvd., Suite 172, Sacramento CA 95826

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 14 / 11</u>	<u>\$ 32.89</u>	<u>Gift Box</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Rio Tinto Materials

ADDRESS (Business Address Acceptable)

8051 Maplewood Ave Bldg 4, Greenwood Village CO

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Mining

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 14 / 11</u>	<u>\$ 96.59</u>	<u>Dinner Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

California Cattlemen's Association

ADDRESS (Business Address Acceptable)

1221 H Street, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 23 / 11</u>	<u>\$ 45.00</u>	<u>Breakfast/Hat</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

California State Floral Association

ADDRESS (Business Address Acceptable)

1521 I Street 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 23 / 11</u>	<u>\$ 16.95</u>	<u>Floral Boquet</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Vermont Brownie Company

ADDRESS (Business Address Acceptable)

PO Box 434, South Hero, Vermont 05486

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Food service

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 29 / 11</u>	<u>\$ 30.00</u>	<u>Gift box</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

California Citrus Mutual

ADDRESS (Business Address Acceptable)

512 N. Kaweah Ave, Exeter CA 93221-1200

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 26 / 11</u>	<u>\$ 8.65</u>	<u>Gift Box</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Steve Knight

► NAME OF SOURCE

California Outdoor Heritage Alliance

ADDRESS (Business Address Acceptable)

1600 Sacramento Inn Way, Ste 232 Sacramento CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Wildlife Management and Preservation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 23 / 11	\$ 12.25	Dinner Reception
/ /	\$	
/ /	\$	

► NAME OF SOURCE

California Grape and Tree Fruit League

ADDRESS (Business Address Acceptable)

978 W. Alluvial, Suite 107, Fresno, CA 93711

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 24 / 11	\$ 15.00	Gift Box
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Pavement Recycling

ADDRESS (Business Address Acceptable)

10240 San Sevaire Way

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Asphalt recycling

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 4 / 11	\$ 247.62	Lodging
9 / 4 / 11	\$ 100.00	Train Travel
9 / 4 / 11	\$ 30.00	Dinner

► NAME OF SOURCE

AT&T

ADDRESS (Business Address Acceptable)

1215 K St, Ste. 1800 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Telecommunications

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 21 / 11	\$ 350.00	Golf Invitational
/ /	\$	
/ /	\$	

► NAME OF SOURCE

California Automatic Vendors Council

ADDRESS (Business Address Acceptable)

80 S. Lake Ave., Suite 538 Pasadena, CA 91101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Snack Distributors

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 20 / 11	\$ 20.00	Gift bag
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Toy Industry Association

ADDRESS (Business Address Acceptable)

1115 Broadway Suite 400, New York, NY 10010

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Toy Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 8 / 11	\$ 2.00	Gift Bag
/ /	\$	
/ /	\$	

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

Steve Knight

► NAME OF SOURCE

Pacific Gas and Electric

ADDRESS (Business Address Acceptable)

1415 L Street Suite 280 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Electric Utilities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 24 / 11</u>	<u>\$ 11.24</u>	<u>Golf Balls</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Rolling Hills Casino

ADDRESS (Business Address Acceptable)

2655 Everett Freeman Wy Corning, California 96021

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Tribal Gaming

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 28 / 11</u>	<u>\$ 80.00</u>	<u>Round of golf/t-shirt</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Minorities in Law Enforcement

ADDRESS (Business Address Acceptable)

925 L Street, Suite 850 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 21 / 11</u>	<u>\$ 414.50</u>	<u>Round of Golf</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Crime Victim's United

ADDRESS (Business Address Acceptable)

1415 L Street, Suite 410, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 22 / 11</u>	<u>\$ 414.50</u>	<u>Round of Golf</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Coalition for a Safer California

ADDRESS (Business Address Acceptable)

1020 12th Street, Suite 408 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 23 / 11</u>	<u>\$ 420.00</u>	<u>Golf club</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

PhRMA

ADDRESS (Business Address Acceptable)

950 F Street, NW Suite 300 Washington, DC 20004

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Pharmaceutical Research and Manufacturing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 23 / 11</u>	<u>\$ 409.00</u>	<u>Gift bag</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Steve Knight

► NAME OF SOURCE

Personal Insurance Federation of California

ADDRESS (Business Address Acceptable)

1201 K Street, Suite 1220 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Personal lines property-casualty insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 23 / 11</u>	<u>\$ 411.00</u>	<u>Gift Bag</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

California Correctional Peace Officers Association

ADDRESS (Business Address Acceptable)

755 Riverpoint Drive, West Sacramento CA 95605

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 17 / 11</u>	<u>\$ 223.46</u>	<u>Dinner Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Edwards Lifesciences

ADDRESS (Business Address Acceptable)

One Edwards Way, Irvine CA 92614

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Medical manufacture and marketing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 14 / 11</u>	<u>\$ 55.12</u>	<u>Dinner Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Astellas Pharma US, Inc.

ADDRESS (Business Address Acceptable)

3 Parkway North, Deerfield IL 60015-2537

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Pharmaceutical

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 14 / 11</u>	<u>\$ 55.10</u>	<u>Dinner Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

California Manufacturers and Technology Association

ADDRESS (Business Address Acceptable)

1115 11th Street, Sacramento CA 95814-3819

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Manufacturing and Technology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 14 / 11</u>	<u>\$ 55.10</u>	<u>Dinner Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

California Healthcare Institute

ADDRESS (Business Address Acceptable)

1215 K Street, Suite 940, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 14 / 11</u>	<u>\$ 55.10</u>	<u>Dinner Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Steve Knight

► NAME OF SOURCE

Antelope Valley Board of Trade

ADDRESS (Business Address Acceptable)

548 W.Lancaster Blvd., Ste 103 Lancaster, CA 93534

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Business and Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 18 / 11</u>	<u>\$ 135.00</u>	<u>Conference admittance</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

R. Rex Parris Law Firm

ADDRESS (Business Address Acceptable)

42220 10th St. West, Ste 109 Lancaster, CA 93534

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Personal Injury Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 6 / 11</u>	<u>\$ 50.00</u>	<u>Conference admittance</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Friends of the Antelope Valley Fair

ADDRESS (Business Address Acceptable)

2551 West Avenue H, Ste 102 Lancaster, CA 93534

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Fundraising

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 29 / 11</u>	<u>\$ 8.00</u>	<u>Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Grace Resource Center

ADDRESS (Business Address Acceptable)

45134 Sierra Highway Lancaster, CA 93534

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Social Welfare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 25 / 11</u>	<u>\$ 50.00</u>	<u>Reception ticket</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Prime Healthcare Management

ADDRESS (Business Address Acceptable)

Healthcare

BUSINESS ACTIVITY, IF ANY, OF SOURCE

3300 Guasti Rd, 3rd Floor, Ontario CA 91761

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 14 / 11</u>	<u>\$ 143.62</u>	<u>Round of golf</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

California Beer and Beverage Distributors

ADDRESS (Business Address Acceptable)

1415 L Street, Suite 180, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Beverage Distribution

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 11 / 11</u>	<u>\$ 17.99</u>	<u>Lunch</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Steve Knight</u>

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

<p>► NAME OF SOURCE <u>California Foundation on the Environment and Econo</u></p> <p>ADDRESS (Business Address Acceptable) <u>Pier 35, Suite 202,</u></p> <p>CITY AND STATE <u>San Francisco, CA 84133</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3) <u>Environmental and Business Advocacy</u></p> <p>DATE(S): <u>3 / 3 / 11</u> - <u>3 / 4 / 11</u> AMT: \$ <u>416.58</u> (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input checked="" type="checkbox"/> Made a Speech/Participated in a Panel <input type="checkbox"/> Other - Provide Description <u>Lodging, accommodations and meals*</u></p>	<p>► NAME OF SOURCE <u>Council for legislative Excellence</u></p> <p>ADDRESS (Business Address Acceptable) <u>2150 River Plaza Drive</u></p> <p>CITY AND STATE <u>Sacramento CA 95833</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) <u>Government and Public Administration</u></p> <p>DATE(S): <u>4 / 13 / 11</u> - <u>4 / 15 / 11</u> AMT: \$ <u>124.43</u> (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input checked="" type="checkbox"/> Made a Speech/Participated in a Panel <input type="checkbox"/> Other - Provide Description <u>Meals*</u></p>
<p>► NAME OF SOURCE <u>California Independent Voter Project</u></p> <p>ADDRESS (Business Address Acceptable) <u>101 W. Broadway, Suite 1460</u></p> <p>CITY AND STATE <u>San Diego CA 92101</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) <u>Social Welfare, IRC 401(c)(4) organization</u></p> <p>DATE(S): <u>4 / 13 / 11</u> - <u>4 / 15 / 11</u> AMT: \$ <u>124.43</u> (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input checked="" type="checkbox"/> Made a Speech/Participated in a Panel <input type="checkbox"/> Other - Provide Description <u>Meals*</u></p>	<p>► NAME OF SOURCE <u>Applied Materials</u></p> <p>ADDRESS (Business Address Acceptable) <u>3050 Bowers Avenue</u></p> <p>CITY AND STATE <u>Santa Clarita, CA 95054-3299</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) <u>Manufacturing</u></p> <p>DATE(S): <u>7 / 24 / 11</u> - <u>7 / 25 / 11</u> AMT: \$ <u>1211.00</u> (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input checked="" type="checkbox"/> Made a Speech/Participated in a Panel <input type="checkbox"/> Other - Provide Description <u>Lodging, accommodations and meals*</u></p>

Comments: *Accommodations, meals and beverages are gifts in connection with making a speech, which is not subject to gift limits.

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Steve Knight</u>

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

<p>► NAME OF SOURCE <u>California Independent Voter Project</u></p> <p>ADDRESS (Business Address Acceptable) <u>101 West Broadway, Suite 1460</u></p> <p>CITY AND STATE <u>San Diego CA</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) <u>Social Welfare IRC 501(c)(4)</u></p> <p>DATE(S): <u>11 / 13 / 11</u> - <u>11 / 18 / 11</u> AMT: \$ <u>2415.55</u> (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input checked="" type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description <u>Lodging, accommodations and meals*</u></p>	<p>► NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$____ (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description</p>
<p>► NAME OF SOURCE <u>Governor's Cup Foundation, Inc.</u></p> <p>ADDRESS (Business Address Acceptable) <u>1415 L Street, Suite 410</u></p> <p>CITY AND STATE <u>Sacramento, CA 95814</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <u>7 / 22 / 11</u> - <u>7 / 23 / 11</u> AMT: \$ <u>1848.00</u> (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input checked="" type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description <u>Lodging, accommodations and meals*</u></p>	<p>► NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$____ (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description</p>

Comments: Accommodations, meals and beverages, are gifts in connection with making a speech, which is not subject to gift limits.

2011 AT



RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

SCHEDULE C

Income, Loans, & Business Positions

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

9112 MAR 29 PM 1:07

(Other than Gifts and Travel Payments)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Antelope Valley Hospital

ADDRESS (Business Address Acceptable)

1600 West Avenue J, Lancaster CA 93534

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Healthcare

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

Comments:

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address
City

☐ Guarantor

☐ Other _____
(Describe)

Filer's Verification

Print Name Steve Knight

Office, Agency or Court California State Assembly

Statement Type ☐ 2011/2012 Annual ☐ _____ Annual ☐ Assuming ☐ Leaving ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the information provided is true and complete.

Date Signed 3/27/12

(month, day, year)

Filer's Signature

(c)(1)

by knowledge the information

ect.

COMMITTEES
NATURAL RESOURCES, VICE CHAIR
PUBLIC SAFETY, VICE CHAIR
LOCAL GOVERNMENT
RULES
UTILITIES AND COMMERCE

Assembly California Legislature



STEVE KNIGHT
ASSEMBLYMAN, THIRTY-SIXTH DISTRICT

February 27, 2012


STATE CAPITOL
P.O. BOX 942849
SACRAMENTO, CA 94249-0036
(916) 319-2036
FAX (916) 319-2136

DISTRICT OFFICES
41319 12TH STREET W., SUITE 105
PALMDALE, CA 93551
(661) 267-7636
FAX (661) 267-7736

VICTORVILLE CITY HALL
14343 CIVIC DRIVE
VICTORVILLE, CA 92392
(760) 843-8045
FAX (760) 843-8396

The filer has made a good faith effort to identify, value and report all gifts, tickets, travel payments and reimbursements related to travel in connection with speeches, panels, seminars and other similar events received during the 2011 calendar year. The filer has implemented a policy to track carefully and maintain a full and complete log of events attended; events at which the filer was provided meals or other benefits; and events at which the filer did not consume meals or beverages. The filer has relied in part for this tracking system upon the persons and entities providing gifts, tickets and the like to provide confirmation of the event and valuation of gifts and benefits. Any omission from the gifts and travel reimbursements listed herein is inadvertent.

(c)(1)


Steve Knight, Assemblyman
36th District